

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Joseph ROBERTS et al.

Title:

PROTECTING THERAPEUTIC COMPOSITIONS FROM HOST-MEDIATED INACTIVATION

Appl. No.:

Unassigned

Filing Date: October 9, 2001

Examiner:

Unassigned

Art Unit:

Unassigned

UTILITY PATENT APPLICATION TRANSMITTAL

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

> Joseph ROBERTS 6 Sunturf Circle

Columbia, South Carolina 29223

Natarajan SETHURAMAN 1340 Long Creek Drive, #713 Columbia, South Carolina 29210

Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- [X] Specification, Claim(s), and Abstract (41 pages).
- [X] Informal drawings (9 sheets, Figures 1-9).



- [X] Declaration and Power of Attorney (4 pages).
 [] Assignment of the invention to ME MEDICAL ENZYMES AG.
 [] Assignment Recordation Cover Sheet.
 [] Small Entity statement.
 [] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
 [] Information Disclosure Statement.
 [] Form PTO-1449 with copies of ___ listed reference(s).
- The filing fee is calculated below:

[]

	Claims as Filed		ncluded in Basic Fee	AVV.	Extra Claims		Rate		Fee Totals
Basic Fee							\$740.00		\$740.00
Total Claims:	40	-	20	=	20	х	\$18.00	=	\$360.00
Independents:	5	- -	3	= .	2	×	\$84.00	=	\$168.00
If any Multiple Dependent Claim(s) present: + \$280.00							=	\$0.00	
Surcharge under 37 CFR 1.16(e) for late filing of Executed + \$130.00 Declaration									\$0.00
Dooral action							SUBTOTAL:	=	\$1268.00
Small Entity Fees Apply (subtract ½ of above):								=	\$0.00
. 1	3		-,				FILING FEE:	=	\$1,268.00

[X] A check in the amount of \$1,268.00 to cover the filing fee is enclosed.

Application Data Sheet (37 CFR 1.76).

- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 50 Asper 2001

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